



Roanoke City and Alleghany Health Districts (RCAHD)

COVID-19 Equity Funding Request for Proposals (RFP)

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Introduction to COVID-19 Vaccination

Supplement 4

Roanoke City and Alleghany Health Districts (RCAHD) is seeking proposals from a diverse array of organizations to support its goal of **ensuring greater equity and access to COVID-19 vaccines for those disproportionately affected by COVID-19.**

This document describes the Request for Proposal (RFP) from RCAHD and is publicly available to any and all who have the capacity and the interest to support the health district in pursuing its goal.

As a partner in community health, our objective is to select a number of community-based partners within our health districts – whose jurisdiction includes Alleghany County, Botetourt County, Covington City, Craig County, Roanoke City, Roanoke County, and Salem City – who will most effectively support us in achieving our goal while meeting the requirements outlined in this RFP.

Within this RFP, you will find the information needed to understand the purpose of RCAHD's funding opportunity and how to align your organization's project ideas with the health district's goals and requirements.

The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by Roanoke City and Alleghany Health District/HHS, or the U.S. Government. For more information, please visit [Roanoke City and Alleghany Health District website](https://www.vdh.virginia.gov/roanoke/).¹

Background Information

On December 27, 2020, the President signed into law the Coronavirus Response and Relief Supplemental Appropriations Act of 2021 (P.L. 116-260). On March 11, 2021, the President signed into law the American Rescue Plan Act of 2021 (P.L. 117-2). Both laws include supplemental funding for coronavirus vaccine activities to support broad-based distribution, access, and vaccine coverage. More specifically, this supplement will be used to ensure greater equity and access to Coronavirus Disease 2019 (COVID-19) vaccine by those disproportionately affected by COVID-19.

This funding stream allows RCAHD to develop, cultivate, and/or strengthen community-based partnerships to reach disproportionately affected populations by awarding grants to community-based organizations, coalitions, and/or local health clinics/centers who maintain existing relationships with, or

¹ <https://www.vdh.virginia.gov/roanoke/>

have the established capacity to reach, its designated populations of focus (defined in *Scope of Work* section).

Approach

Informed by research and local data, our approach to COVID-19 Vaccination Supplement 4 (i.e. Cycle 4) funding will utilize partnerships developed over the past year (and in many years prior) to sustain and expand the reach of our five-pronged approach to protecting communities against the threat of COVID-19:

- **Engagement:** Continue to engage with existing partners and build new relationships at both a micro and macro levels.
- **Alignment:** Ensure that our work aligns with and supports the goals of our community leaders and trusted partners through joint planning of community clinics, regular engagement with grantees, and the development of a community health worker/peer network.
- **Education:** Develop and deliver culturally and linguistically appropriate, accessible education and messaging on COVID-19 vaccination, testing and prevention as well as other preventive health services.
- **Vaccination:** Continue to expand vaccination opportunities through community clinics, mobile vaccination, and homebound vaccine programs.
- **Recovery:** Support the community in the long term recovery from COVID-19. Recovery will be defined and strategized based on health indicators that deteriorated as a result of the pandemic.

Health Equity

Over the course of the COVID-19 pandemic, demography and destiny have been intertwined. Conditions in the places where people live, learn, work, play, and worship affect a wide range of health risks and outcomes, such as COVID-19 disease, severe illness, and death. The Centers for Disease Control and Prevention (CDC) defines Health Equity as when “every person has the opportunity to attain his or her full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.” The purpose of Cycle 4 is to fund strategies that ensure greater health equity and access to COVID-19 vaccines for those disproportionately affected by COVID-19. All activities operating under Cycle 4 funding should improve access to COVID-19 vaccines, as well as other necessary vaccines, for at-risk individuals.

Patterns in the data show that long-standing systemic health and social inequities have caused certain groups to be disproportionately affected by COVID-19 compared to others. While coronavirus itself does not discriminate against any particular group of people, social determinants allow it to ravage some communities more than others. Across the United States, social determinants and conditions have led to disproportionate levels of suffering among certain groups as a result of the COVID-19 pandemic. As an

example, the percentage of cases among Hispanic and Latino populations exceeds the percentage of those identifying as Hispanic or Latino in the general population (Figure 1). Similarly, the death toll has over-represented the US population of Black, Non-Hispanic individuals (Figure 2).

Disparities between rural and urban areas have also become apparent in terms of case numbers and deaths, both of which inversely reflect vaccination rates across those areas. As vaccination became accessible to the general public throughout the first half of 2021, disparities between rural and urban populations slowly diminished as the virus came under control. Recently, however, with the increased level of transmissibility – caused by the emergence of new variants and the stagnation of vaccination rates – has led to growing disparities in case numbers between rural and urban populations, wherein rural populations are now experiencing more case numbers and deaths (Figure 3).

Virginia is no exception to these disparities. Throughout the most recent surge of cases, members of the black community have continued to be overrepresented (Figure 4). Similarly, since the beginning of September, rural communities in Virginia have been outpacing the average 7-day case and death rate per 100,000 across all counties in the United States (Figure 5). As disparities in the vaccination rate across different communities and localities continue to widen (Figure 6), the level of suffering will most likely continue to fall along lines of socioeconomic status, race, ethnicity, geography, and access to resources.

Populations of Focus

The CDC has outlined primary populations of focus for vaccination and outreach efforts. After reviewing COVID-19 data and consulting with community partners, RCAHD has designated its primary populations of focus as follows:

- People in racial and ethnic minority groups (Non-Hispanic American Indian, Alaska Native, Non-Hispanic Black, Hispanic)
- People living in communities with high social vulnerability index
- People living in rural communities
- People who are immigrants and/or refugees
- People with transportation limitations

Secondary populations of focus include:

- People with disabilities
- People who are homebound or isolated
- People who are underinsured or uninsured

Funding and Budget

The US Department of Health and Human Services (HHS) provided COVID-19 Vaccination Supplement 4 to the Roanoke City & Alleghany Health District through the Virginia Department of Health (VDH), totalling \$2,296,964. Forty percent of those funds will be distributed to community partners across both health districts.

Available Funding

The total funding available to community partners:

- Alleghany Health District: \$697,570
 - Alleghany Health District includes Alleghany County, Botetourt County, the City of Covington, Craig County, Roanoke County, and the City of Salem.
- Roanoke City Health District: \$221,215

A single application can be submitted for either or both health districts. If an application is submitted that encompasses both health districts, the budgets will need to capture costs by health district - Roanoke City Health District *and* Alleghany Health District (Alleghany County, Botetourt County, Covington City, Craig County, Roanoke County, and Salem City).

Eligible expenses

The following are examples of eligible expenses that can be financed for grantees by RCAHD;

- Hiring temporary/contract positions for any need specifically related to enhancing COVID-19 vaccine efforts
- Travel
- Facility rental (off-site vaccination locations)
- Rental space and meeting space venues, specifically to enhance COVID-19 vaccination
- Monthly storage space to move supplies/equipment for COVID-19 vaccination PODs
- Vehicle rental
- Trailer/modular unit lease to use as office space and a mobile vaccine RV
- Promotional materials (e.g., stickers, pins, etc.)²
- Associated costs for operating clinics
- Health communications materials and health education services
- Software that helps facilitate information flow
- Training - if COVID-19 vaccine related (e.g. for CHWs)

² Limitations apply, please consult RCAHD staff for guidance on the eligibility of promotional materials. Promotional materials should contain health-related education or promotion and avoid the unaccompanied display of organizational branding for either the grantee's organization or RCAHD.

Ineligible expenses

Some expenditures have been explicitly deemed ineligible by VDH and CDC for reimbursement through RCAHD COVID-19 Equity funding. All expenditures will be reviewed in advance by RCAHD to identify the eligibility of any costs outlined in an application. Ineligible expenses include the following;

- Vehicle purchase
- Purchase of food/meals (unless part of required travel per diem costs)
- Clinical care for non-immunization services
- Building purchases, construction, capital improvements, land acquisition
- Incentive materials (e.g., gift cards given in direct exchange for vaccination)
- Gifts, entertainment costs, alcoholic beverages, goods and services for personal use
- Honoraria, independent, academic research
- Legislative/lobbying activities
- Interest on loans for the acquisition and/or modernization of an existing building
- Payment of bad debt, collection of improper payments
- Purchase of stocks, bonds, ETFs, or any other financial assets

Relevant Activities

Activities for partners to consider that relate to RCAHD's approach include, but are not limited to, the following:

- **Vaccine education and outreach**
 - Community and/or grass-roots style outreach and education campaigns (e.g. town-halls, roundtable discussions, and Q/A sessions, phone-banking, text-messages or safely conducted in-person information sharing)
 - Promoting vaccination through local media outlets, social media, faith-based venues, community events, and other community-based, culturally appropriate venues
 - Improving and expanding messaging education around COVID-19 and vaccination
- **Improving access to COVID-19 vaccines by expanding and diversifying opportunities for getting vaccinated**
 - Hiring and training staff to administer vaccine
 - Establishing vaccine opportunities (i.e., clinics) for populations of focus
- **Strategies for identifying and addressing social determinants/conditions (e.g., transportation, internet access) to eliminate barriers to vaccination**
 - Providing transportation to vaccine clinics
 - Providing assistance to help individuals register or access vaccine

The examples provided for each relevant activity serve only as guidelines for potential applicants. All applications will be reviewed to consider how proposal ideas intersect with the relevant activities outlined

by RCAHD. Consultation with RCAHD Grant Management is welcome both before and after submission of applications.

Expectations

Organizations applying for funding should be established Community Based Organizations, Community Health Clinics/Centers, coalitions, Faith Based Organizations, etc., with a rapport in any selected population(s) of focus and a demonstrated capacity to engage in relevant activities. Funded organizations will have to submit a COV W-9 to receive funding from the Commonwealth of Virginia. Grantees will also be required to enroll in [EVA](#), Virginia's procurement marketplace, to receive reimbursement.

In accordance with the requirements of Cycle 4 funding, all award recipients are required to submit quarterly progress reports to RCAHD. As part of the application process, organizations will be required to submit a digital timeline of their project proposals. The progress achieved relating to each task and phase of the project will be reported in a copy of the original timeline for evaluation by RCAHD. Instructions for creating the timeline are outlined in the application.

Performance measures must be established in collaboration between RCAHD and award grantees to ensure that milestones are relevant to the organization's activities and align with the information interests of RCAHD and CDC. Data should be tracked specifically to identify progress made with populations of focus. Progress made toward said milestones must be reported in quarterly progress reports.

VACCINE PROVIDERS: Vaccine providers must be an enrolled provider with the Virginia Department of Health. Vaccine providers must plan to report their progress in reaching designated populations of focus. Direct consultation with RCAHD representatives will be required for strategizing how information will be monitored and reported.

Award recipients will be required to deliver quarterly reports to RCAHD on the results of their projects. Reports will include a combination of quantitative and qualitative assessments based on performance measures that may include, but are not limited to the following:

- Describe work and successes/challenges in the past quarter to reach specific populations of focus;
- Describe the work and successes/challenges relating to community engagement and vaccine promotion in the past quarter;
- Describe the number and nature of vaccination services made available by your organization in the past quarter;
- Describe efforts and achievements made in promoting vaccine awareness and uptake;
- Describe the efforts and achievements made in expanding access and openness to COVID-19 vaccines, including the successes and challenges;

- Describe work and successes/challenges relating to messaging campaigns, community engagement, and building vaccine confidence
- Completeness of race and ethnicity, other demographic data, and location of administration and residence data elements in reports submitted to RCAHD
- Fiscal reports: Reporting will need to document to support expenses such as receipts or documentation of staff hours
- Timeline progress updates

These performance measures only serve as general examples of the information that will be required for quarterly reporting. While aligning them with the required metrics requested from the CDC, performance measures will be selected and tailored to the projects of all award recipients through consultation with RCAHD following offers for funding.

If the recipient plans to issue a press release or other statement concerning the outcome of activities supported by this funding, it should notify RCAHD Grant Management in advance to allow for coordination. Such statements must be approved by RCAHD.

Application Process/Timeline

To respond and evolve with the pandemic, grant applications will be accepted and awarded on a rolling basis. The deadline for quarterly reports will be the same for all recipients whose projects are ongoing.

Application Cycle: Rolling

Funding Period:

6 - 12 months

Approved expenses will be reimbursed through EVa on a standard invoicing process (monthly).

Submission Requirements:

Applications must be submitted online. Application can be accessed [here](#)

Applications will be reviewed by a group of representatives within RCAHD. Evaluation will concern the following themes:

- | | |
|---|--------|
| 1. Alignment with RCAHD Goal | 10 pts |
| 2. Project Outcomes and Design | 25 pts |
| 3. Demonstrated Capacity for Implementation | 20 pts |
| 4. Completeness of Application | 10 pts |

No advantage will be given to those who can serve more populations or areas than others. Demonstrated capacity for implementation will reflect the applicant's overall ability to operate across all selected areas and serve the selected populations of focus. Organizations will be evaluated not on how many areas and/or populations they can serve but rather on how well they can serve them. Full scorecard can be found in the Appendix.

Appendix

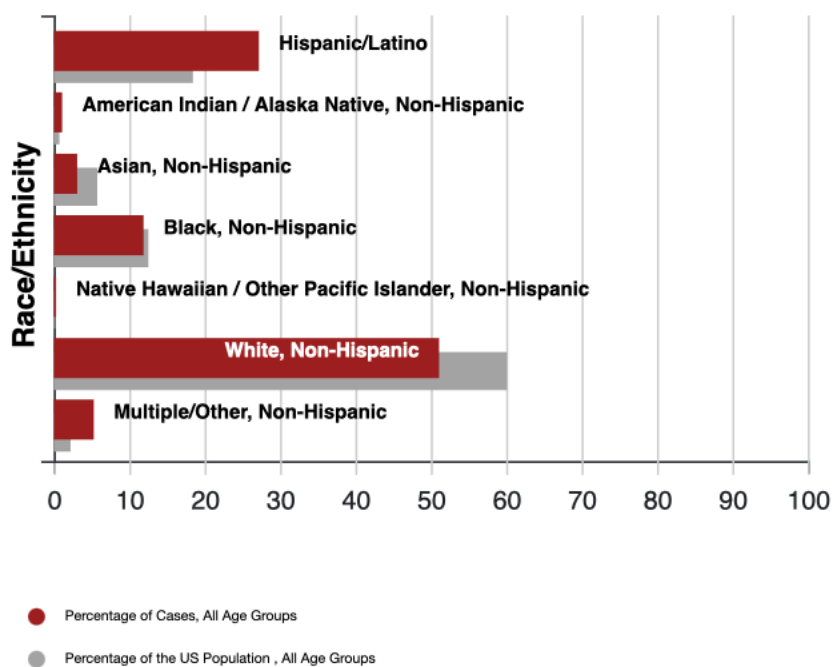
Data

Figures

Figure 1: Cases by Race/Ethnicity across United States

Cases by Race/Ethnicity:

Data from 32,800,238 cases. Race/Ethnicity was available for 21,144,919 (64%) cases.

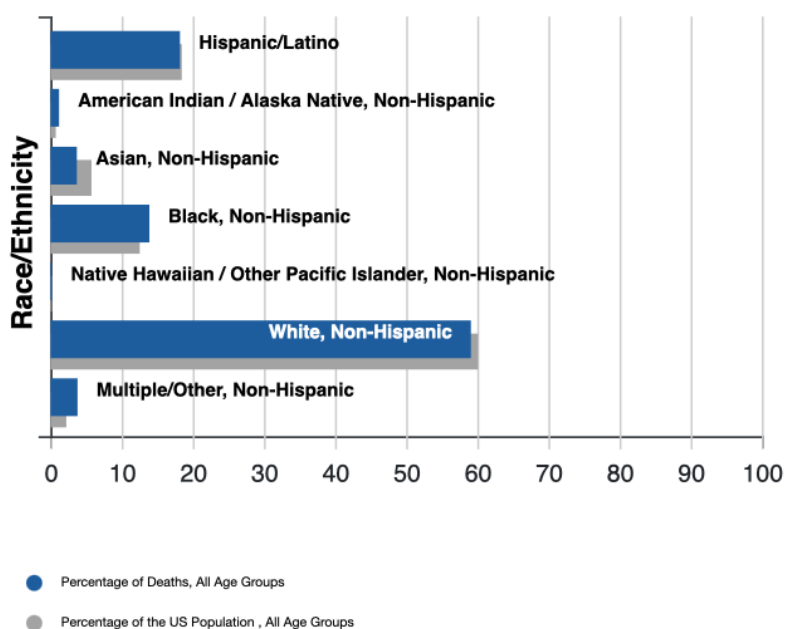


Source: Centers for Disease Control and Prevention [COVID Data Tracker](#) (accessed 9/17/2021)

Figure 2: Deaths by Race/Ethnicity across United States

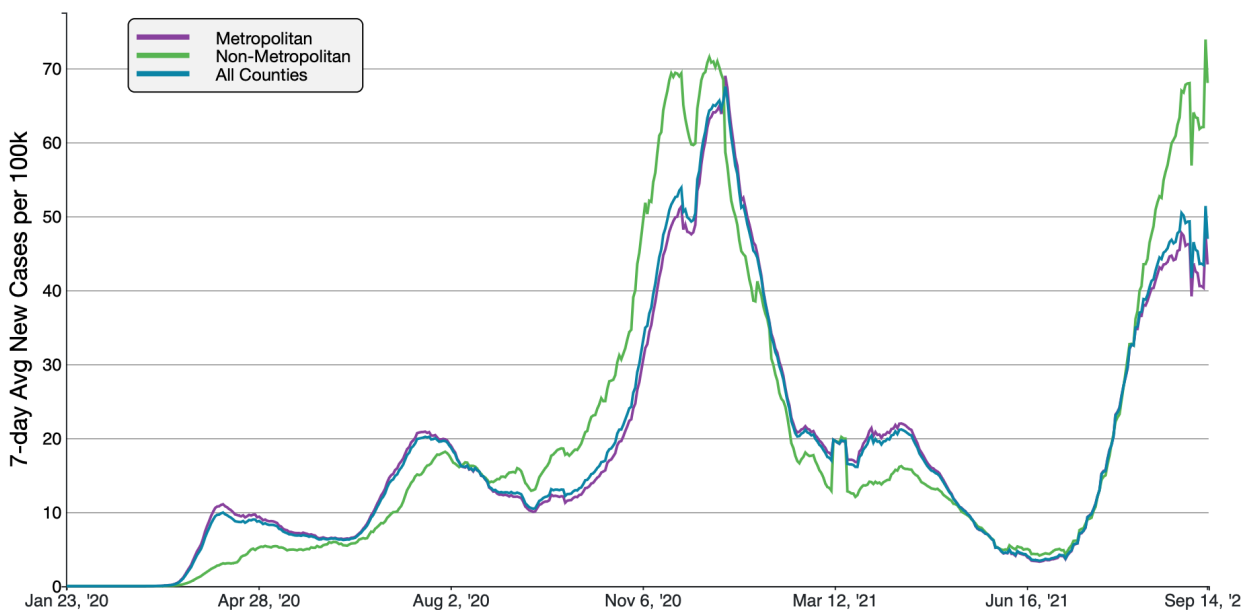
Deaths by Race/Ethnicity:

Data from 544,947 deaths. Race/Ethnicity was available for 455,846 (83%) deaths.



Source: Centers for Disease Control and Prevention [COVID Data Tracker](#) (accessed 9/17/2021)Figure 3

COVID-19 7-Day Case Rate per 100,000 Population in United States, by Metro vs. Non-Metro



Source: Centers for Disease Control and Prevention [COVID Data Tracker](#) (accessed 9/17/2021)

Figure 4:

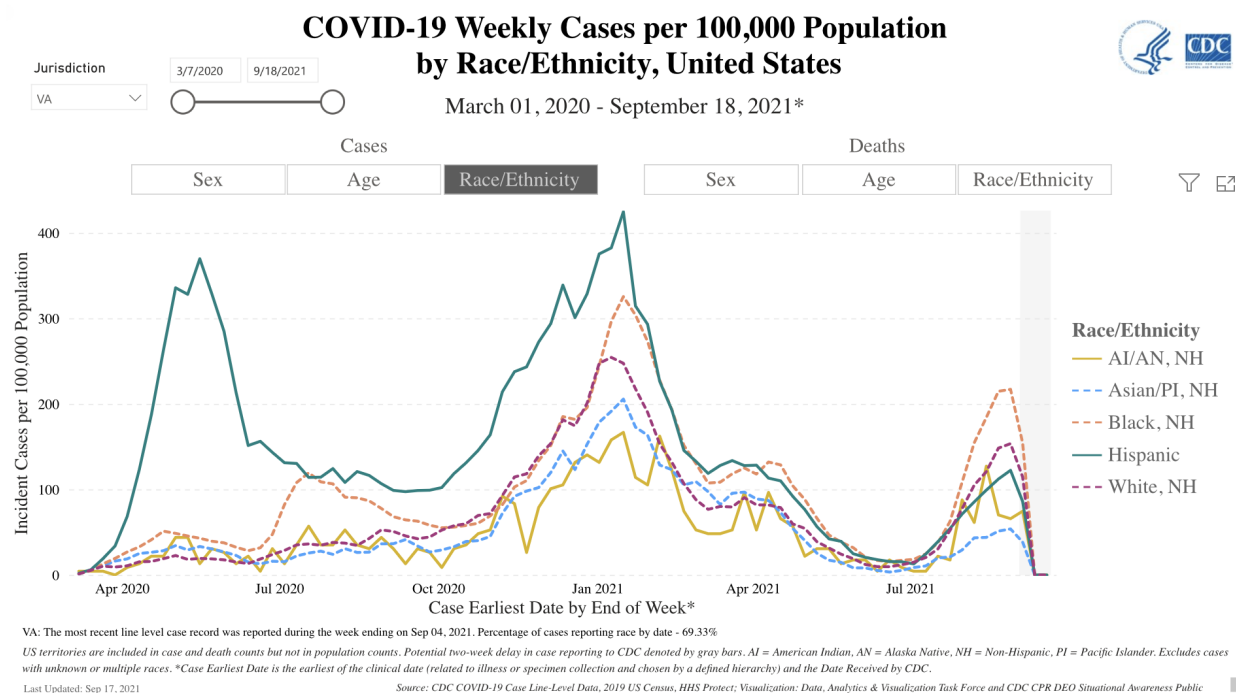
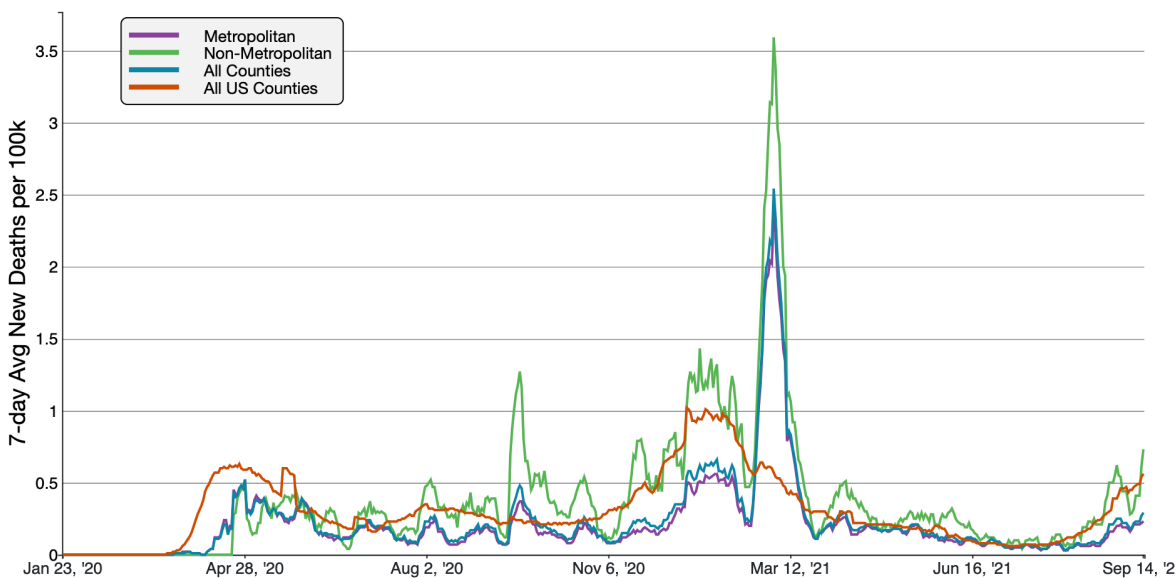
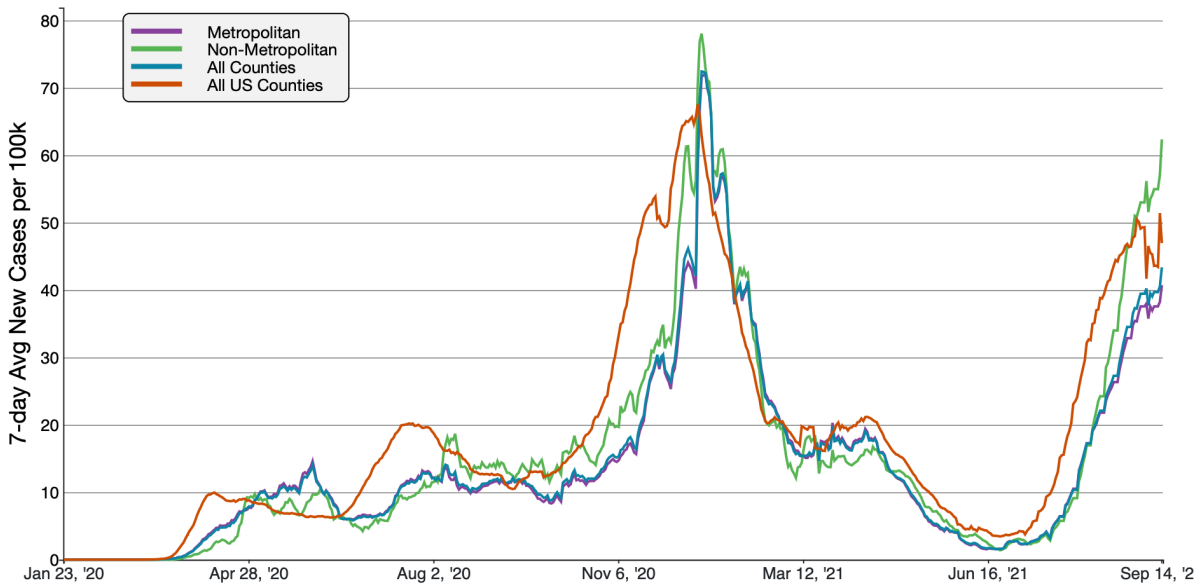


Figure 5:

COVID-19 7-Day Death Rate per 100,000 Population in Virginia, by Metro vs. Non-Metro



COVID-19 7-Day Case Rate per 100,000 Population in Virginia, by Metro vs. Non-Metro



Source: Centers for Disease Control and Prevention [COVID Data Tracker](#) (accessed 9/17/2021)

Figure 6

Percent of the Population with at least one dose of COVID-19 vaccine.

| | |
|------------------|-------|
| Alleghany County | 53.5% |
| Botetourt County | 56.9% |
| Craig County | 41.7% |
| Covington City | 48.9% |
| Roanoke County | 63.0% |
| Roanoke City | 53.8% |
| Salem City | 59.2% |

<https://www.vdh.virginia.gov/coronavirus/covid-19-in-virginia/covid-19-vaccine-summary/>

Retrieved: 9/17/2021

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Application Questions

1. Organization Name
2. Primary Address Location
3. Additional Location Address(es)
4. Organization Phone Number
5. Organization Fax Number
6. Primary Grant Contact Name
7. Primary Grant Contact Email
8. Primary Grant Contact Phone
9. Organization service area(s)
10. Description of organization and any work relating to community health, education, and engagement.
11. History and supporting evidence of service and engagement with populations of focus within the past five years
12. Geographic areas of focus (localities)
13. Description of organization's history working within geographies of focus
14. Proposal Goal and Purpose
15. Proposal Scope
16. Proposal Outcomes
17. Timeline Submission
18. Description of experience organization has in addressing the social determinants/conditions that influence populations most severely affected by COVID-19
19. Budget Proposal

Application Scorecard

| | |
|---|-----------|
| Alignment with RCAHD Goal | 10 |
| Extent to which the proposal aligns with goal to to increase vaccine equity | 5 |
| Extent to which proposal outcomes align with particular activities | 5 |
| Project Outcomes and Design | 25 |
| Budget justification | 5 |
| Project practicality | 5 |
| Innovative activities | 5 |
| Timeliness of the project | 5 |
| Proposal outcomes are robust | 5 |
| Demonstrated Capacity for Implementation | 20 |
| Previous experience addressing social determinants/conditions that influence populations of focus | 5 |
| Experience with populations of focus | 2 |
| Proposal scope is reasonable and proactive | 5 |
| Experience in selected localities | 2 |
| Previous experience in community health | 1 |
| Demonstrated ability for the organization to meet their goals in the time allotted | 5 |
| Completeness Score | 10 |